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THE GRACE HOSPITAL

"EVER LEVEL" "EVER TRUE"

COMPASS.

Vol. II.

DETROIT, MICH., NOVEMBER, 14, 1891.

No. 11.

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Monday.	N. M. Spranger, M. D.	G. P. Cooley, Jr., M. D. 1 to 2.	H. Oliver, M. D.	Harold Wilson, M. D.		N. M. Spranger, M. D.		
Tuesday.	G. G. Caron, M. D.	R. H. Stevens, M. D. 12 to 1. R. C. Rudy, M. D. 11:30-12:30	W. M. Bailey, M. D.	Harold Wilson, M. D.	F. X. Spranger, Jr., M. D.	G. G. Caron, M. D.		
Wednesday.	N. M. Spranger, M. D.	G. P. Cooley, Jr., M. D. 1 to 2.	T. H. Oliver, M. D.	C. F. Sterling, M. D.		N. M. Spranger, M. D.	J. M. Griffin, M. D.	
Thursday.	G. G. Caron, M. D.	R. H. Stevens, M. D. 12 to 1. R. C. Rudy, M. D. 11:30-12:30.	W. M. Bailey, M. D.	Harold Wilson, M. D.	F. X. Spranger, Jr., M. D.	G. G. Caron, M. D.		
Friday.	N. M. Spranger, M. D.	G. P. Cooley, Jr., M. D. 1 to 2.	T. H. Oliver, M. D.	Harold Wilson, M. D.		N. M. Spranger, M. D.		
Saturday.	G. G. Caron, M. D.	R. H. Stevens, M. D. 12 to 1. R. C. Rudy, M. D. 11:30-12:30.	O. LeSeure, M. D.	C. F. Sterling, M. D. Harold Wilson, M. D.	F. X. Spranger, Jr., M. D.	G. G. Caron, M. D.	J. M. Griffin, M. D.	

*T. P. Wilson, M. D., absent until January 1st.

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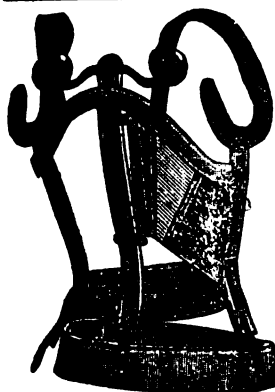
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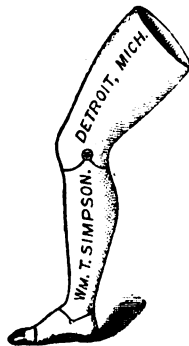
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THE Grace Hospital Compass.

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Contributions upon hospitals, nursing, etc., and exchanges, are solicited. Address Editor of THE COMPASS, 96 Miami avenue, Detroit, Mich.

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WE have taken another step forward, and have enlarged the scope—and we hope the usefulness—of THE COMPASS. Four pages of new matter have been added and a new department opened. The subject matter of this journal will now be of interest not only to nurses and those interested in nursing, but to the medical profession as well. Rare and interesting cases are constantly occurring in the hospital, and will be reported here. New methods of operating and new procedures in remedies in surgery or in medicine, that are likely to be of interest or value, will receive due attention, and the latest advances studied from their practical aspect. We want the support of the profession—and in view of what we shall furnish, and the merely nominal price of the journal—fifty cents a year—we think that we shall get it.

OUR readers will not fail to notice the establishment of a training school for male nurses in connection with The Grace Hospital School of Nursing. This is a noteworthy fact for outside of a similar school in Bellevue Hospital, an account of which we gave in our last number—there is, we believe, no other yet established in this country. The necessities for such a school, are in general, the same as those which originally led to the creation of training schools for women, name-

ly: The necessity for the better care of patients, and the desirability of adding a vocation for a certain class of men. For many, indeed for most forms of illness occurring among men, women make the best nurses, but there are some kinds of nursing for which men are much better fitted, and which they may more appropriately undertake. The experience of the Mills' School has shown clearly that the trained male nurse is a real necessity, and we look for a very successful existence of our own new school.

THE following recently appeared in a Cleveland daily paper:

“Early in December there will occur in Cleveland a national convention of schools for trained nurses. There are seven such schools in the United States, located at Cleveland, Detroit, Buffalo, Rochester, Baltimore, Pittsburg and Hartford, under the direction of the Homeopathic colleges and schools of medicine. It is proposed to join these seven societies in a general society, with uniform rules and observances. One of the first things which will be discussed will be the lengthening of the terms of study from two to three years before giving diplomas. Another question to be considered will be the giving to the nurses no money during the course, but furnishing them with dresses, shoes, aprons, caps, and board, and giving them a \$100 purse when they graduate.

THE COMPASS has several times suggested a National Association of Training Schools, and is glad to see any movement looking toward its formation. The above effort is certainly commendable, in many ways, but we fear that its motives are not catholic enough to arrive at the broadest success. The association of homœopathic training schools, would be very pleasant as a sort of friendly union, and no doubt mutual advantage would result from it; but we cannot see very much homœopathy in nursing, nor any element of “pathy” whatever, and it will have to be explained

why a "National Convention" such as that to be held in Cleveland, should not include, or try to include, all the training schools in this country.

We must not be accused as lacking in the proper sentiment toward our sister schools in

homœopathic hospitals; we should be delighted to know them better, but until we can see better reason for it than now appears, we do not wish to erect barriers, nor to create class distinctions where there are none.

THE GRACE HOSPITAL SCHOOL OF NURSING.

THE GRACE SCHOOL FOR MALE NURSES.

THE Grace Hospital Training School has taken a departure from Training Schools in general, by opening the classes for instruction in nursing, to young men of suitable requirements. A slight revision of the rules formerly governing the school, has been all that is necessary to offer a training to male students in the male wards and in the care of male patients in the private rooms.

The course will embrace a period of eighteen months. The pupils will serve as follows: The first three months as probationers; the next six months as juniors; the following six months as seniors and the last three months as head nurses, provided satisfactory progress has been made in each case for promotion. The nurses will be under the constant supervision of the head nurses of the hospital.

The pupils will receive an allowance of ten (\$10) dollars per month for the first year, which consists of eleven months (during the month of probation board, lodging and washing only are furnished), and twelve (\$12) dollars per month for the remaining six months. They shall provide themselves with the regulation uniform prescribed by the rule of the hospital.

The students will receive the same advantages and privileges as the present nurses, and in return, the school expects the same interest to be shown and devotion given, that has heretofore characterized the work of women as nurses.

The number of pupils for the first year will be limited to six. The first term begins November 1, 1891. The better nursing of male patients has induced this step. We trust that success may attend it, and that the efficiency of the nursing department of the hospi-

tal may be enhanced. We hope THE COMPASS may be able from time to time to report favorably on this branch of the school and solicit the interest of the readers in one of the *higher educations* that most closely allies itself with the charitable work that is extending over the continent.

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ACKNOWLEDGMENTS.

WE are in receipt of a notice of the 1891 graduating class of the Buffalo Homœopathic Hospital, and an invitation to be present. We regret the inability to share the pleasures of the occasion, but wish great success to the graduates of a sister institution.

November 6, 1891, The General Hospital, Toronto, will graduate a class of twenty nurses. This school is graduating yearl

y

large classes of students. In expressing thanks for the card received, we wish to convey our congratulations and hopes for success in the profession.

We acknowledge with thanks the receipt of Fullerton's Manual of Nursing from Blakiston Bros., Philadelphia. The revised edition is most complete, containing more useful information in a small space, than is usually found in books that treat with so exhaustive a study. We heartily recommend it to all students in nursing.

A COURSE of lectures, by a graduate of The Boston Cooking School, has been started which will continue through the winter months. These lessons will be of great service to the nurses in connection with their diets for the sick and their practical work in the diet kitchen, though the individual taste

of the patient cannot be governed by the rules of cooking, the theory in harmony with practical work is necessary for the perfection of it. A cook, like a nurse, should be born not made, but in many instances we have to make both, and are much pleased for the assistance given us, in the form of a graduate of a school so practical and thorough.

THE lecturers for October were Drs. Bailey, anatomy, and R. C. Olin, physiology. The lecturers for November are Dr. R. C. Olin, Physiology, and Dr. O. LeSeure, gynecology and electro-therapeutics.

THE next term of the school opens in January, 1891. Any who are desirous of taking up this work, should send in their applications before December 5, 1891. The class vacancies are limited to twelve.

A NURSE'S EXPERIENCE.

WE begin our duties in a large ward of Charity Hospital. The probationer will have charge of one side of the ward, with the care of from ten to fifteen patients and all belonging to them. The head or senior nurse will go around with her and work in with her for the first time. She is shown how to make the beds, to change all soiled linen; how to remove a very sick patient from one bed to another; how to cover a patient and save her from fatigue while sitting up to have her bed made; the best way for her to get in and out of bed; to keep an eye on the beds that the patients are able to make themselves, and so on throughout the details of the morning's work. The latter part of the day is taken up with waiting on the patients and keeping her side in order all the time.

The probation month is especially a time of learning something new; a good deal has to be got into that month; afterward things come more by degrees. Should the probationer be accepted, she becomes a junior nurse and has the same kind of work for about three months. She then goes on night duty;

she is "on the landing," as we call it, that is, has charge of two or three of the wards opening on to that landing. The junior nurse is feeling somewhat independent and consequential by this time. She does not have to act by herself; there is always an experienced nurse on the top floor to whom she can refer in case of emergency or otherwise.

A nurse may never have been up all night in her life before, so the first night is rather exciting and anxious; she is very wide awake until about two or three o'clock in the morning, when the effort to keep awake is very painful. A night nurse does not sleep, that goes without saying, and should she doze when all is quiet she has always one ear open. Imagine a rather young nurse peering around the large ward with the aid of an antiquated lantern. Shall I ever forget that lantern? It would throw all shadow and the least possible ray of light and anywhere but where it was wanted. Sometimes its miserable little light would go out and the wick have to be pricked up and relit, then it would spit and sputter as though it meant to burn well, but somehow it

never would, and the gas burnt low on the landing. When I think of that lantern I can go all through my night duty over again. We have a helper to fetch and carry for us, and she can be very useful in many ways. She may be as "good as a nurse" or she may have a fancy for gossiping with her friends during the day, and so prefer to sleep at night, and such a "lady" is rather a trial.

The patients have a way of dying at night, in spite of the very best efforts of the nurse to keep them alive until morning. Some helpers "never could go anigh a dead body," but they "don't mind fetching the things and standing outside of the screen." It requires considerable nerve on the part of the nurse to "lay out" a patient in the small hours of the morning; when the wards are silent and gloomy there is something uncanny about it; there is not much of the "beauty of death" in these cases, but we get used to it after a time.

When we become more experienced we have our emergency hospital night duty. We occasionally speak of this in rather strong language; we call it "that awful night duty," "that dreadful night duty." Here is where a nurse's mettle comes in. She has long hours, fourteen, and besides the care of the patients she has the real "hard work" to get done before eight o'clock in the morning. The patients in this hospital are very sick; there are no "chronics," the nurse has critical cases to watch, and upon her devotion and judgment the life of the patient may depend. Here the doctors are hard worked both day and night, and the nurse, if she is considerate, is very reluctant to call the doctor, and so often has an anxious time. Some of the cases that come in during the night are truly heart-rending. The burnt cases are the worst; if they are not too badly hurt their sensibility is acute, and they suffer dreadful agony. At about five o'clock the nurse begins to feel rather badly. She has to brace herself up and put on a big spurt to get through the morning's work, and perhaps at eight o'clock she will go to bed without her breakfast.

A senior nurse's duties are somewhat different from those of the juniors. To begin with, she feels herself of some importance; she has charge of linen closets; she sees to the giving out of the food and gives out the medicines. When the doctors make rounds, if there is time, she accompanies the head nurse; she makes herself acquainted with the state of the patients, and often has to be in charge of the ward.

To anyone not initiated into the ways of medical men, "giving out the medicines" might mean a spoonful of something in a little water. A medicine list is an appalling undertaking at first; there may be thirty names on the list, some patients having as many as five or six different medicines; in fact, it practically amounts to one-dose prescriptions. Different quantities are given—drops, drachms, ounces, and so on. With some practice and with some one to take the medicines around quickly a nurse can get through the list accurately in a remarkably short time, say fifteen to twenty minutes, but this is not often done; we usually take our time. (A nurse has learned something of the properties and doses of the medicines in her class.)

When a nurse has charge of a ward or becomes a head nurse, any notions she may have had of her importance as a senior disappear. She feels herself responsible and is responsible for the condition of the ward, the care of the patients, the instruction of the nurses, in fact, for whatever is done or neglected. The doctors rely upon her for the faithful carrying out of their orders, and altogether she needs a good deal of judgment and tact.

After receiving the notes of the night nurse and seeing that all the work is going on well, the head nurse goes round, note-book in hand, and inquires into the state of each patient; she questions them and listens to what they have to say; she also makes her own observations. In this way the nurse becomes acquainted with her patients, while she reports everything of note to the doctors.

There is an etiquette observed in the wards,

but it is not very oppressive; the nurses on duty are subordinate to the doctors for the time being, and everything goes on with order and decorum. This may sound stiff and for-

mal, but it is not so; it is only the fitness of things. We usually all work well together, and there is seldom any friction.—*Scribner's Magazine.*

MEDICAL AND SURGICAL.

A CASE OF GENERAL BONE TUBERCULOSIS—KOCH'S LYMPH TREATMENT—RECOVERY.

REPORTED BY R. H. STEVENS, M. D., HOUSE SURGEON.

D. McD—, admitted Nov. 15th, 1890, single, cleaner, Canadian of Scottish descent. *Family History*:—People are all strong, well built, healthy people. No history of tuberculosis or other constitutional disease. *Past History*:—Good health until about three years previous to admission. In March, 1888, the calf of the left leg swelled. There was some pain but no discoloration. Iodine locally and poultices failed to give relief. After three or four weeks, swelling disappeared, but later reappeared on May 24th. His physician opened it removing, as patient expressed it, "a lot of bloody looking material and chunks that looked like bruised tissue." He says he received no injury previous to the appearance of this swelling, nor does he know of anything that would cause it. Just before this abscess was opened the left elbow swelled and was quite painful and tender to the touch. A few weeks later the doctor lanced it and removed considerable pus with "black specks" in it. This has never healed but still discharges an ichorous pus. A month or so later a swelling gradually formed on left cheek, on prominence of cheek bone. It was opened and discharged considerable pus. A sinus remains here also. Later, similar abscesses appeared in right hip and left knee, right hand and abdomen, in close succession. These all discharged pus in due time and discharging sinuses still remain in the same locations. During all this time he kept at work. His general health was good. He had a good appetite and lost no flesh.

In February, 1889, he went to Harper Hospital and remained six months. Operations were performed on his ankle and hand, but

he does not know the nature of them. He also received some constitutional treatment and was discharged somewhat improved, though the sinuses did not close up. Last winter abscesses appeared on right thigh, posteriorly, and right shoulder. He again entered Harper Hospital and remained under treatment three months. During that time his left knee became contracted, got weaker and swelled. He was able to use it with the aid of a crutch until three weeks ago when he was taken to his bed. The pain was so severe that he would allow no one to touch his bed during three weeks. Pus was discharging from three or four sinuses about the knee, causing a very filthy condition. Chloroform was administered to him in his bed, November 15th. He was then carried to the ambulance in Windsor and brought to the hospital while under the influence of the chloroform.

Nov. 16th, 1891, *on admission*, the following was the condition. Patient tall, well built, well nourished, temperature 98.8°, pulse 76. appetite good, bowels regular. Left knee much swollen, inflamed and tender. The least motion or touch of the bed causes excruciating pain. Two or three sinuses about the knee and shin are discharging pus, others are noticed about the shoulders neck and face. The skin about the sinuses has a purplish color, and looks very unhealthy. There are also sinuses at left ankle, abdomen, back, wrist hands and elbows, all discharging the same kind of pus. Treatment—Hepar sulph. 3x and emulsion of petroleum with dressings of antiseptic character. November 21, knee-joint opened and curetted, part of patella removed. Packing with iodoform gauze. December 6, sinuses curetted and packed. Some improvement owing to drainage of knee-joint. December 11, Dr. Charles S. Morley performed

amputation of left thigh at middle third, transfixion flap. The patient bore the operation well and made a good recovery and received much relief from his sufferings. January 22, Calc. Iod. 3x, four times a day. A discharging sinus at end of stump extends up at least 10 inches, (the stump healed kindly by first intention). February 13, the first injection of Koch's lymph was given to-day, the tubercle bacilli having been previously demonstrated in the pus from the sinuses by microscopical examination of slides prepared by the writer. The temperature of the patient for the past two or three days has been normal in the a. m. and between 99.4° and 100° in the evening; the pulse varied from 76 to 84; 11 a. m., injection 0.5 mg. Koch's Lymph. February 14, no reaction or change in appearance of sinuses, except the formation of a few crusts. February 15, injection, 2 mg. Lymph. February 16, sinuses in left hand do not appear as inflamed as usual; highest temp. 100°. February 17, 11 a. m., injection 3 mg. of Lymph. No change in appearance of sinuses. Left shoulder feels stiff and there is a rheumatic pain in it; 3:30 p. m., temp. 101°, pulse 84, resp. 22; 7 p. m., temp. 101.6°, pulse 98, resp. 24; 9 p. m., temp. 100.8°, pulse 100, resp. 26. Formation of a few crusts over sinuses. One sinus in suprasternal fossa itched a good deal. February 18, 9:15 a. m., more discharge from sinus on face and chest; left hand looks inflamed; sinus in neck looks better and there is less discharge; temp. 98.8°, pulse 78, resp. 22; 11 p. m., perspiring profusely, temp. 99.5°, pulse 84, resp. 22. February 19, 4 p. m., temp. 101°, pulse 74, resp. 22; injection of 3 mg. 9 p. m., feet cold, temp. 100°, pulse 80, resp. 22. February 20, highest temp. 101.6° pulse 90, resp. 22. Sinuses on left elbow discharged freely a dark looking pus since yesterday. Now has sharp pains in elbow. Sinuses of elbow look red and inflamed. February 21, 4 p. m., highest temp. 104.2°, pulse 86, resp. 22; 4 mg. injected. February 22, highest temp. 101.2°, pulse 76, resp. 24. February 23, 5 mg. injected; highest temperature 99°.

February 24, highest temp. 99.4°. Small piece of bone came from left arm. February 25, injection 6 mg.; normal temp. February 26, highest temperature 99.4°. February 28, 8 mg. injected; highest temp., normal. March 1, normal temp. March 2, injection 10 mg.; no reaction. March 20, Injections have been made every other day, increasing the quantity 2 mg or less, until to-day 26 mg. were injected. No reactive fever followed. Occasionally changes occurred in some of sinuses, such as an inflamed area about them, &c. March 21, sinuses curetted thoroughly by writer and irrigated with Bromine and Glycerine solution. March 21, 22 mg. injected; no reaction. May 7, no injections have been given since March 21st. To-day he was given the lymph in the 3rd centesimal, made first with distilled water, then dilute alcohol and later with pure 95 per cent. alcohol. June 22, improvement; taken to the operating room and sinuses again curetted thoroughly by writer. August 9, he was discharged feeling very well. The sinus in stump has healed nicely, so, also, have the sinuses about the neck, back, and shoulder and elbows. Discharging sinuses leading to dead bone remain in both hands and chest. He remained under the same treatment (3rd centesimal Koch's lymph internally three times a day) at home, coming to the dispensary clinic once a week, until September 3rd, when he was advised to again enter the hospital to have some dead bone removed. Accordingly, the following operations were performed: September 5th, excision of third metacarpal bone of right hand, and curetting of carpus of left hand and ribs on right side, by the house surgeon. September 12, excision of two ribs on right side, by O. Leseure, M. D., (four inches from sixth rib and three inches from fifth rib removed). October 7th, the house surgeon excised the 4th and 5th metacarpus and unciform of carpus or left hand, and Dr. Leseure resected two ribs more on the right side. Two inches of necrosed bone removed from each. In the centre of the cancellated tissue of one rib was noticed a large tubercular deposit. A por

tion at least of the remaining parts of these ribs were unhealthy, but free drainage was made and it was hoped that the bones would recuperate. The patient recuperated rapidly from these operations and did not seem to be disturbed much by them. The right hand healed rapidly by first intention. The left hand had to be curetted later in order to remove a little dead bone. The wound made in the operation on the ribs is granulating nicely, it having been dressed openly. The patient now seems to be entirely free from the disease. It was noticeable that the progress of the disease was stayed a short time after the use of the lymph internally, and it was then that improvement was noticed. It would be difficult to say whether the lymph in the third centesimal dilution, taken by mouth, had any effect or not; perhaps not. But, certainly the cure of the case, which at first was pronounced hopeless, would seem to be due to the lymph, assisted by the surgical procedures, for this was all the treatment received after the first few weeks.

A CASE OF DERMATITIS EXFOLIATIVA.

DR. G. G. CARON.

SEPTEMBER 25th, J. D., aged 35 years, was admitted to the hospital for treatment of an ulcer on the leg, caused by wearing an artificial limb. The stump of the leg was slightly swollen and inflamed, with a purulent discharge from the ulcer. The local treatment was to dust iodoform on the ulcer, and to dress the stump with cold compresses of calendula one part to six of water. On the evening of September 26th, the patient complained of severe itching of the stump, which was temporarily relieved by warm water irrigations. The succeeding evening the itching was worse, keeping the patient awake a good part of the night. The warm water failed to relieve him, but a weak solution of carbolic acid gave him ease for a time. Seven A. M. next day showed the stump to be very much swollen, darker in color and several blisters upon it. At 6 P. M. the inflammation had extended several inches up the limb, and the

patient complained of itching and burning over the entire body. The patient was isolated. September 29th, the fourth morning after admission, the entire cutaneous surface presented a bright scarlet appearance, quite uniform excepting on the stump, where the integument was dark and boggy. Simple pressure with the finger caused the redness to disappear, but it immediately returned, on removal of the pressure, from the periphery to the centre. Temperature 99.8°, pulse 100; no sore throat, tongue only slightly coated brown; no disturbance of the stomach, nothing diagnostic in the condition of the urine. At 1:30 P. M., the temperature was 101°, pulse 110, the itching was less intense and the patient felt well. Six P. M., temperature 101.2°, pulse 106. This was the highest point the temperature reached during the trouble.

September 30th the temperature had fallen to 99.2° and the pulse to 86. The swelling had nearly vanished from the stump. The rash began fading on the third day and was completely gone by the seventh day, when desquamation began, on the leg first, and gradually spread over the entire body. The epidermis peeled off in fine branny flakes in some places, and in others in large coarse flakes. The palms of the hands and between the fingers were the last to exfoliate. Wherever desquamation was marked, the true skin appeared red and inflamed for several days. Desquamation was complete twenty-five days after the rash first appeared.

Some ten days later, this patient underwent an operation to obtain a better bearing for an artificial limb, and the rash re-appeared, going through a similar course to that related above. Ten years ago the patient claims to have had the same kind of a rash, following an attack of pyæmia, but the history of the case at that time does not corroborate his assertion.

That there is room in this case for an honest difference of opinion in diagnosis none will deny. The diffuseness, uniformity and bright scarlet appearance of the rash, its re-appear-

ance after the removal of pressure, all point toward scarlatina, and the case was provisionally diagnosed as such, but there are many prominent symptoms absent in this case that are usually present even in mild cases of scarlatina, such as sore throat, strawberry tongue, disturbance of the stomach, rapid pulse, high temperature and dark scanty urine of high specific gravity. Again, there was present one symptom that we do not usually find in scarlet fever, viz: the red, inflamed and raw looking derma left after desquamation. From erysipelas, it seems to have differed by the absence of pain, and the slight constitutional disturbance. The most probable diagnosis is that of dermatis exfoliativa, but the case is presented as somewhat anomalous and interesting.

SURGICAL REPORT FOR AUGUST, SEPTEMBER AND OCTOBER.

R. H. STEVENS, M. D., HOUSE SURGEON.

INJURIES.

WOUNDS.—Contused fingers; lip and nose; foot, 5
 GUNSHOT—Leg and thigh (No. 6 shot); leg; skull (penetrating both tables); skull (penetrating outer table); neck, 5
 INCISED—Face; face and scalp; wrist, severing ulnar artery; scalp, 5
 LACERATED—Fingers; thigh; forehead; foot; face, 5
 PUNCTURED—Thigh, 1
 CONTUSIONS—Side; head; shoulders and hip; face and neck; arm, 8
 CONCUSSIONS—Brain; brain and spinal cord; brain (alcoholism); brain (effusion and insanity), 4
 SPRAINS—Ankle; hip, 2
 FRACTURES—Femur, neck impacted; humerus, with traumatic emphysema; clavicle, multiple with detachment middle; clavicle simple; fibula; olecranon (compounded); ribs; crest of ilium; external tuberosity of tibia (longitudinal); tibia (oblique); femur (infantile atrophy); 11
 BURNS—Face; arms and hands, 1st degree; face; arms; back, legs (two-thirds of cutaneous surface involved, death in 8 hours; face; hands and neck, 1st and 2nd degree, 4
 FOREIGN BODY—Knife-blade over patella, 1

SURGICAL DISEASES.

ABSCESS—Multiple (pyaemia); pleuritic; thigh and groin, 3
 CELLULITIS—Thigh and leg, 1
 NECROSIS—Tarsus; skull (specific); skull; tibia, 4

CARIES—Humerus; head and shaft; femur; lumbar vertebrae with double iliac absence, femur with suppurative synovitis of knee; ribs, 5
 TUBERCULOSIS—Involving foot, hand, ribs, and soft parts, 1
 SYPHILIS—Primary, chancroid and bubo; chancroid and phimosi, 3
 GONORRHOEA—Gleet; gonorrhoea, 4
 RECTUM—Hæmorrhoids; rectal papilla; ulcer, 5
 ULCERS—Cornea; leg; head; ulcer of stump; ulceration of redundant stump, 4
 HERNIA—Ventral; femoral; inguinal (double), 3
 STRICTURE—Cancerous of ileum, 1
 ANEURISM of brachial artery, 1
 SINUS—Leg (injury), 1
 GLANDS—Degenerative adenoma of axilla, 1
 DEFORMITIES—Torticollis; spinal curvature from fracture of clavicle, 1
 CONGENITAL DEFECTS—Single hare-lip and cleft palate; double hare-lip and cleft palate, 2
 STRICTURE—Urethra (spasmodic); urethra (gonorrhoeal), 3
 CALCULI—Prostatic; vesical, 2
 FISTULÆ—Vesico-vaginal; vesico-urethro-rectal (tubercular), 3
 TUMORS—Uterine Polypus, 1
 Uterine fibroid, 2
 Vesical papilloma, 1
 Ovarian cysts, 4
 Pyo-salpinx, 1
 CERVIX UTERI—Laceration, 11
 Stenosis, 2
 Ulcer (syphilitic), 1
 PERINEUM—Laceration, 5

130

SYNOPSIS.

Discharged cured, 80
 Discharged improved, 7
 Died, 9
 Not treated, 4
 Remaining, 30

OPERATIONS FOR AUGUST, SEPTEMBER AND OCTOBER.

DURING the three months, 119 major and minor operations were performed on ward and private room patients by the attending and house staffs and outside surgeons. Of these 66 were performed by the attending surgeon, Dr. O. Leseure, and the house staff, while 53 were performed by other surgeons. The operations are classified as follows:

AMPUTATIONS.

CERVIX—Low amputation for cicatricial tissue, 1
 FINGER—Contuso-lacerated wound, 1
 AT HIP—Caries of femur with sinus and suppurative synovitis of knee, 1

AT HIP—Disarticulation of femur after amputation of thigh at middle third last winter, for caries, . . . 1
 FOOT—Symes, crushed foot, 1
 LEG—Portion of stump for redundancy and ulceration, 1

INCISING AND CURETTING ABSCESES.

BUTTOCKS and sinus following typhoid fever, 1
 CHEST—Caries and ribs, 1
 HAND—Caries of carpus, 1
 HIP—Caries of femur, 2
 LEG—Traumatic cellulitis, 1
 Psoas—Caries of lumbar vertebrae, 2
 PLEURA, 1
 SHOULDER—Caries of humerus, 1
 THIGH—Following traumatic inguinal adenitis, 1
 THIGH—Multiple abscess— indefinite, 1

OPERATIONS ON BONES.

COMPOUND commin. fracture of olecranon, 1
 CURETTING carpus, caries, 1
 RESECTIONS—Carpus, caries, 1; hip-joint, caries, 1; metacarpus caries, 3; ribs, caries, 4; shoulder-joint, caries, 1; Tarsus, necrosis, 1, 11
 TREPHINING—Inner and outer tables—bullet wound
 " outer table—bullet wound, 1
 " and chiseling skull—specific necrosis, 1

OPERATIONS ON FEMALE GENITO URINARY ORGANS.

Amputation of cervix (see amputations), 1
 Curetting uterus, 4
 Dilatation of cervical canal, 9
 " urethral " 4
 Oophorectomy, double, 1
 Ovariectomy, double, 2
 " single, 1
 Perinæorrhaphy, 6
 Polypus uteri, removal of, 1
 Papilloma urethrae, removal of, 1
 Trachelorrhaphy, 10
 Vesico vaginal fistula, closure of, 1

OPERATIONS ON MALE GENITO URINARY ORGANS.

SUPRAPUBIC LITHOTOMY, 1

OPERATIONS ON INTESTINAL TRACT.

ANASTOMOSIS small intestine after Senn's method, for obstruction caused by cancerous stricture of ileum, 1
 Excision of papillae and pocket of rectum (Pratt's) 1
 HÆMORRHOIDS—American operation, 3
 Excision, 1
 Ligature, 1
 Stretching sphincter ani, 1

OPERATIONS UNCLASSIFIED.

Aspiration knee joint (suppurat. synov.) 1
 Breaking down adhesions thigh-joint, 1
 CIRCUMCISION—Ulcer of head, 1
 " " stump, 1
 Excision cicatricial tissue in stump of leg, causing ulcer 1
 Extraction of teeth, 1
 HARE-LIP—Double, 1
 " Single, 1
 Ligation brachial, radial and ulnar (aneurism), 1
 Removal of knife blade from cellular tissue covering knee-cap, 1
 Staphylorrhaphy, 1

WOUNDS NEEDING SPECIAL OPERATIONS.

Contuso lacerated, of finger, 3
 Gunshot of skull, 2
 " neck, 1
 " limbs, 1
 Incised, of face, 2
 " scalp, 1
 Lacerated face, 2
 " hand, 1
 " scalp, 2
 " thumb, 1
 " wrist and ulnar artery, 2
 Punctured thigh, 1

EYE OPERATIONS.

Blepharoplasty, 1
 Entropion—lower lid, 1
 Canthotomy, 3
 Iridectomy, 1

HOSPITAL ITEMS.

THERE were treated during the month of October 169 cases; of this number 74 were free cases to whom were furnished 1175 days of treatment. There were 372 visits to the dispensary; of this number 143 were new cases. The ambulance made 49 runs, bringing in 30 patients and taking home 7. The expenses for the month were \$3,529.34, and the earnings were \$2,032.90. The monthly

income from the endowment is \$1,500, leaving a surplus of \$3.56.

DONATIONS FOR OCTOBER.

LADIES' COMMITTEE, 2 baskets grapes, 2 squash, 187 yards sheeting, 169 yards pillow case cotton, 6 pieces linen tape, 146 yards crush, 2 dozen wash cloths, cups and saucers, 3 dozen butter chips, 1 comfort,

making one dozen shirts; Mrs. Teal, 1 glass vase; Mrs. W. C. McMillan, sundry clothing material for night shirts; Mrs. W. C. Colburn, 1 plain linen cover; Mrs. Jas. McMillan, 300 pounds grapes, 2½ bushels pears, satin for curtains; Hon. Jas. McMillan, 75 pairs blankets; Mrs. Thayer 2 pieces silk cushions for chairs, and spectacles; anonymous, 36 baskets fruit; Mrs. Percy Rose, 3 pictures; Detroit Electric Soap Co., 1 picture; Mrs. John S. Newberry, 13 squash, 3 fancy tray covers, 6 yards linen; J. J. Mitchel, magazines and papers; Mrs. D. M. Dickinson, childrens' clothing; Miss Donnelly, 2 babies' night dresses; Miss E. Kilburn, spectacle mission; Mrs. Garret Brown, papers and magazines; Mrs. J. E. Buckstone, flowers; Mrs. King, books and papers; Mr. D. Young, spectacles.

MUSICALE AND TEA—DRAMATIC ENTERTAINMENT.

A VERY enjoyable entertainment was given Friday afternoon, Oct. 30th, at the residence of Mr. Thomas Ferguson, under the direction of Mrs. Clarence Carpenter, Mrs. W. J. Gray, Mrs. Herman Dey, Mrs. E. S. Barbour, Mrs. J. P. McLaren and Mrs. J. C. Smith, Jr., assisted by Mrs. F. J. Sibley and Misses Barbour, Ferguson, Dyar, Sill, O'Flynn, Croul, Newberry, Stanton, McMillan, and

Mrs. J. H. McMillan. A delightful musical program was given by Master Cyril Tyler, Miss Biddle, Harold Jarvis, Mr. Felix Lamond, Miss Chittenden, and Miss Dow, to whom our best thanks are due. The social features of the entertainment were equally successful, and the financial features none-the less so. We desire to express our obligation to the *Free Press*, the Richmond, Backus Co., Breitmeyer & Sons, D. C. Jones, Detroit Floral Co., J. H. Mallory, G. & R. McMillan, Phelps, Brace & Co., and Easter & Parker, for generous donations.

A DRAMATIC and musical entertainment for the benefit of Grace Hospital, will be given at the residence of Mr. Emory Wendell, on Thursday evening, Nov. 19. Howell's "Parlor Car" will be given by Miss Mary Field and Messrs. J. Humphreys Roberts and H. J. Maxwell Grylls, followed with a comedy by Mr. Bruce Whitney, entitled "St. Amour's Husband," in which Miss Phœbe Russell, Miss Mary Curtenius and Messrs. Cameron Waterman, Levi L. Barbour, and Bruce Whitney will appear. A stage and scenery will be provided and a musical programme of exceptional merit will be given. Tickets are placed at \$1, and as the number is necessarily limited, will be given by invitation.

CULINARY TOPICS.

COOKERY FOR CONVALESCENTS.

SOMETHING with which to coax the appetite of the convalescent or semi-invalid, is often a perplexing question in the mind of the housekeeper. All will agree that it is not only what is offered to the invalid, but the careful nicety of preparing and setting forth, that is of the utmost importance; for we all know how trifles affect us, when ill. Let us then look first to the tray and its accompaniments; one of the lacquered wooden Japanese trays is to be preferred to the old-fashioned metal or silver ones, on account of its lightness, and freedom from "clatter."

We have a tiny sugar-bowl and cream

pitcher for the tray, which are very convenient, as well as an addition to the dainty appearance; these may be bought of the pretty "Pomona" ware, for twenty-five cents, or if one decorates china, they can be made very charming. If one is the happy possessor of a tiny *tele-a-tele* set, or one of the small old-fashioned cut-glass sets, so much the better.

Of course the linen and china for the tray should be *sans reproche*, and a little careful forethought will always select the cup and the plate that the invalid is known to be fond of. "Things taste so much better out of pretty dishes"—how often we hear that. A bit of scarlet geranium, with a leaf, or a spray of

brilliant barberries in a tiny "bud" vase, is a dainty addition to the tray, and welcomed by the weary invalid.

—*From Ladies' Home Journal.*

HOW TO MAKE TEA.

THE proper manner in which to make tea is as follows: First warm the teapot, which by preference should be of earthenware, or failing that, of porcelain—but never of metal—and see that it is immaculately clean. Then put two teaspoonsfuls of the leaf—but not more—into the pot, and pour over it water which is within a few degrees of the boiling stage. Under no circumstances must boiling water be used, as this would tend to bring out the tannic acid from the leaf. After allowing the tea to draw from sixty to eighty seconds by the clock, it should be poured off through a cambric strainer into a glass decanter or bottle. A fresh supply of hot water should then at once be poured on the leaves, and the pot allowed to draw from two to three minutes, but no longer, after which the infusion should be strained off into a second decanter or glass bottle and set aside. The process may be repeated with the same original tea leaves eight or ten times in succession, each infusion being allowed to draw one minute longer than its predecessor. The decanters or bottles of tea thus made which are not required for immediate drinking should be carefully corked up, after being allowed to cool, and should then be placed on ice ready for use a week or even a fortnight later if necessary.—*The Nightingale.*

THE ADVANTAGES OF SIMMERING.

ANY kinds of very tough meat may be reduced to a very tender condition by the long application of heat at 180° to 200°, without loss of flavor or nutritious property, provided the food be put into substantial air-tight vessels. The testimony of Dr. Mattieu Williams is conclusive on this point, as well as the special knowledge of the few good cooks of the method of simmering as distinguished from boiling. Meats and grains may be most nutritiously cooked at less than

a boiling heat, and eggs should always be; while most kinds of roots, tubers, and vegetables require a higher degree. The true science of cooking consists in the regulated and controlled application of heat, by which flavors are developed and the work of conversion is accomplished. For this purpose a quantity of fuel is required which is almost absurdly small compared to the quantity commonly used. I assume that the effect of heat upon food material is what may be called chemical conversion, accompanied, when the heat is applied at a low degree only, by partial evaporation of water, but when applied at a high degree, by partial distillation of the juices, by the cracking or dissociation of the fats, and by the diffusion of the volatile parts of the food in bad smells with loss of flavor and waste of some of the nutritious properties of the material. If the cracking or dissociation of the fats is carried to a point which is very common in iron stoves and ranges, the residuum of the fat becomes very indigestible and positively unwholesome. When rightly cooked and not cracked nor dissociated, a certain portion of fat is absolutely necessary to adequate nutrition. In the treatment of grain, none yields so great a difference in flavor, according to the method of cooking, as the meal of maize or Indian corn; but I find the wheaten bread, whether made of whole or bolted flour, yields a much finer flavor when baked two or three hours in my pulp oven at 250° to 300° Fahrenheit, than when baked in the ordinary way in a stove, even though it may receive a much higher degree of heat. The flavors of the white kinds of fish, such as cod, haddock, flounder, scup, and the like, which are much impaired by the ordinary methods of cooking, are very finely developed when slowly cooked in my oven; and, lastly, all kinds of meat and poultry develop their respective flavors in the most appetizing manner when roasted in my pulp oven at such low degrees of heat as not to give off any smell or to dissociate any of the volatile elements of the juices or fats, while for game nothing can equal it. Quail and partridge come out rich, juicy, and of almost too full a flavor.—*Popular Science Monthly.*

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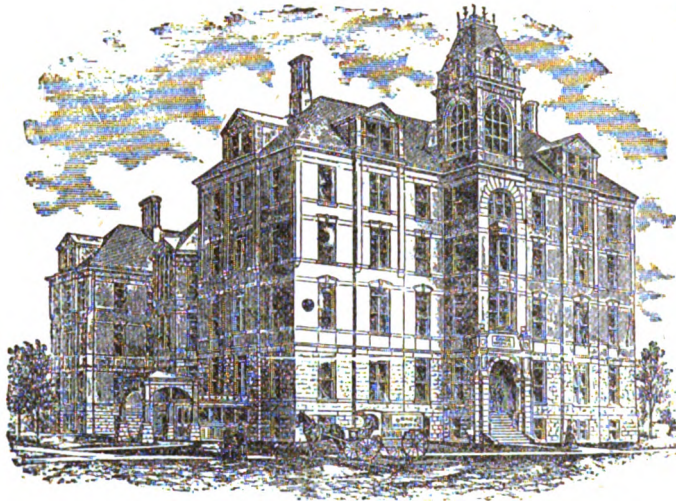
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Robert H. Sillman,
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